MEDICATION POLICY

Generic Name: Oseltamivir

Therapeutic Class or Brand Name: Tamiflu®

Applicable Drugs (if Therapeutic Class)**:**

Preferred: Oseltamivir capsules (generic), Oseltamivir suspension (generic)

Non-Preferred: Tamiflu® capsules, Tamiflu® suspension

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 1/2/18

GPI Code: 1250406020

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:

A. Diagnosis of Influenza A or B and criteria 1 and 2 are met:

1. Treatment will be started within 2 days of diagnosis.
2. Minimum age requirement: 2 weeks old.

B. Prophylaxis of Influenza A or B and criteria 1 through 3 are met:

1. The patient has come in contact with or has a high risk of coming in contact with a person infected with Influenza A or B.
2. The current influenza vaccination is contraindicated or not effective against prevalent circulating strains.
3. Minimum age requirement: 1 year old.

II. The patient must also be determined to be at high risk for complications from influenza by meeting one of the following criteria A through G:

A. Adults equal to or greater than 50 years old.

B. All children aged 6 through 59 months.

C. Residents of nursing homes and other chronic-care facilities with residents of any age who have chronic medical conditions.

D. Adults and children with underlying chronic medical conditions such as one of the following listed in 1 through 8:

1. Chronic pulmonary diseases (i.e. asthma or chronic airway obstructive disorders).
2. Cardiovascular disease (except isolated hypertension).
3. Endocrine (i.e. diabetes) and chronic metabolic disorders.
4. Kidney dysfunction and liver disorders.
5. Blood disorders (i.e. hemoglobinopathies).
6. Immune system problems (i.e. HIV infection; immunosuppressed by medication, chemotherapy, or radiation therapy).
7. Neurological or neuromuscular disorders (such as spinal cord injuries, neuromuscular disorders, cognitive dysfunction).
8. Morbid obesity (BMI of 40 or greater).

E. Children and adolescents aged 6 months to 18 years on chronic aspirin therapy. These patients may be at risk for developing Reye Syndrome after influenza infection.

F. All women who will be pregnant during the influenza season.

G. American Indians and Alaskan Natives.

III. Non-preferred products (i.e. Tamiflu® capsules, Tamiflu® suspension) require a documented clinical reason containing details as to why generic oseltamivir is not appropriate or is contraindicated.

Exclusion Criteria:

- N/A

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Treatment: Up to 10 capsules (or two 60-ml bottles of suspension) per course of therapy.
- Prophylaxis: Up to 42 capsules (or nine 60-ml bottles of suspension) per year.

Approval Length:

- **Authorization:**
  - Treatment: One course of therapy.
  - Prophylaxis: Up to six weeks per year.

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.

- **Re-Authorization:** N/A

Appendix:

N/A

References:

1. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w%23PersonsAtRiskMedicalComplicationsAttributableSevereInfluenza.
2. http://blue.regence.com/trgmedpol/drugs/dru038.pdf.
3. Medi-Span.
4. http://www.gene.com/download/pdf/tamiflu_prescribing.pdf.

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Historical Tracking Of Changes Made To Policy	
1/2/2018	1. **Changed** "N/A" **to** "Preferred: Oseltamivir capsules (generic), Oseltamivir suspension (generic); Non-Preferred: Tamiflu® capsules, Tamiflu® suspension" **under Applicable Drugs**. 2. **Added** "III. Non-preferred products (i.e. Tamiflu® capsules, Tamiflu® suspension) require a documented clinical reason containing details as to why generic oseltamivir is not appropriate or is contraindicated" **under Prior Authorization Criteria**.
10/8/2016	1. Policy reviewed: no changes made.
5/20/2015	1. **Changed** "2. The current influenza vaccination is contraindicated" **to** "2. The current influenza vaccination is contraindicated or not effective against prevalent circulating strains" **under the criteria for "B. Prophylaxis of Influenza A or B" under Prior Authorization Criteria**. 2. **Changed** "A. Equal to or greater than 65 years old; B. All children aged 6 to 23 months; …D. Patients aged 2 to 64 years old with underlying chronic medical conditions such as one of the following listed 1 through 8: …2. Cardiovascular disease; …" **to** "A. Adults equal to or greater than 50 years old; B. All children aged 6 through 59 months; …D. Adults and children with underlying chronic medical conditions such as one of the following listed in 1 through 8: …2. Cardiovascular disease (except isolated hypertension); …" **under "II. The patient must also be determined to be at high risk for complications from influenza by meeting one of the following criteria A through G" under Prior Authorization Criteria**. 3. **Changed** "Treatment: Up to 10 capsules per course of therapy; Prophylaxis: Up to 42 capsules per year" **to** "Treatment: Up to 10 capsules (or two 60-ml bottles of suspension) per course of therapy; Prophylaxis: Up to 42 capsules (or nine 60-ml bottles of suspension) per year" **under Quantity/Days Supply Restrictions**. 4. **Added** "http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6207a1.htm?s_cid=rr6207a1_w%23PersonsAtRiskMedicalComplicationsAttributableSevereInfluenza" **under References**. 5. **Removed** "http://www.health.utah.gov/medicaid/pharmacy/priorauthorization/pdf/Tamiflu.pdf" **from References** (link no longer valid).
1/24/2014	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Changed Prior Authorization Criteria from**: "Documented diagnosis of one of the Covered Uses listed below AND must meet criteria listed under applicable diagnosis: *Diagnosis of Influenza A or Influenza B: Covered only for patients at high risk from diagnosed and documented disease states of: Severe cardiopulmonary conditions, Immunodeficiency, or Pregnancy and 14 days post partum. - Treatment must be started within 2 days of diagnosis; *Prophylaxis for Influenza A or B: Documentation must be provided that demonstrates that one other household member or residential member currently has documented Influenza A or B; Covered only for patients at high risk from diagnosed and documented disease states of: Severe cardiopulmonary conditions, Immunodeficiency, or Pregnancy and 14 days post partum" **to:** "I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis: A. Diagnosis of Influenza A or B and criteria 1 and 2 are met: 1. Treatment will be started within 2 days of diagnosis; 2. Minimum age requirement: 2 weeks old; B. Prophylaxis of Influenza A or B and criteria 1 through 3 are met: 1. The patient has come in contact with or has a high risk of coming in contact with a person infected with Influenza A or B; 2. The current influenza vaccination is contraindicated; 3. Minimum age requirement: 1 year old; II. The patient must also be determined to be at high risk for complications from influenza by meeting one of the following criteria A through G: A. Equal to or greater than 65 years old; B. All children aged 6 to 23 months; C. Residents of nursing homes and other chronic-care facilities with residents of any age who have chronic medical conditions; D. Patients aged 2 to 64 years old with underlying chronic medical conditions such as one of

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Historical Tracking Of Changes Made To Policy	
	the following listed 1 through 8: 1. Chronic pulmonary diseases (i.e. asthma or chronic airway obstructive disorders); 2. Cardiovascular disease; 3. Endocrine (i.e. diabetes) and chronic metabolic disorders; 4. Kidney dysfunction and liver disorders; 5. Blood disorders (i.e. hemoglobinopathies); 6. Immune system problems (i.e. HIV infection; immunosuppressed by medication, chemotherapy, or radiation therapy); 7. Neurological or neuromuscular disorders (such as spinal cord injuries, neuromuscular disorders, cognitive dysfunction); 8. Morbid obesity (BMI of 40 or greater); E. Children and adolescents aged 6 months to 18 years on chronic aspirin therapy. These patients may be at risk for developing Reye Syndrome after influenza infection; F. All women who will be pregnant during the influenza season; G. American Indians and Alaskan Natives". 4. **Changed Other Criteria from** "NOTE: The term "immunodeficient" includes: HIV/AIDS or other diseases that affect the immune system; long-term radiation treatment; long-term treatment with drugs such as steroids, oncology agents, and immunosuppressive agents; or fragility due to extreme age (greater than 65 years)" **to** "N/A". 5. **Changed Quantity/Days Supply Restrictions from** "Treatment: Limit: One course of treatment per year (75mg twice daily for 5 days); Prophylaxis: Limit: One course of treatment per year (75mg once daily for 10 days)" **to** "Treatment: Up to 10 capsules per course of therapy; Prophylaxis: Up to 42 capsules per year". 6. **Changed Authorization under Approval Length from** "One course of treatment per year" **to** "Treatment: One course of therapy; Prophylaxis: Up to six weeks per year". 7. **Changed Re-Authorization under Approval Length from** "Same process as initial PA" **to** "N/A". 8. **Updated references** to include Medi-Span and Regence policy.